

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM FTD-478)

TERMINAL NO. C/1889851 FILING DATE _____
APPLICANT(S) _____

CLASS 1						CLASS 2						CLASS 3						CLASS 4					
AS FILED		AFTER 1ST ADJUSTMENT		AFTER 2ND ADJUSTMENT		AS FILED		AFTER 1ST ADJUSTMENT		AFTER 2ND ADJUSTMENT		AS FILED		AFTER 1ST ADJUSTMENT		AFTER 2ND ADJUSTMENT		AS FILED		AFTER 1ST ADJUSTMENT		AFTER 2ND ADJUSTMENT	
NO.	DER.	NO.	DER.	NO.	DER.	NO.	DER.	NO.	DER.	NO.	DER.	NO.	DER.	NO.	DER.	NO.	DER.	NO.	DER.	NO.	DER.	NO.	DER.
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MAY BE USED FOR ADDITIONAL CLAIMS OR ADJUSTMENTS